

**CONSUMER PROTECTION DIVISION**

140 WEST FLAGLER STREET

SUITE 902

MIAMI, FLORIDA 33130-1561

Tel: (305) 375-4222



Fax: (305) 375-3512

E-mail: consumer@miamidade.gov**INITIAL APPLICATION FOR WATER REMETERING
REMETERER REGISTRATION**

By Authority of Article XVIII of Chapter 8A of the Code of Miami-Dade County

Please Type or Print

For Office Use Only Reg #: _____

1. Business Name – Enter the exact name used by the business
_____2. Owner's Name – Enter individual, partnership or corporate name if different than above
_____3. Location of Business – Enter location where business is conducted. If more than one location,
attach a separate sheet listing all additional locations

Address	City	State	Zip Code
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4. Mailing address Address	City	State	Zip Code
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5. Business Telephone	Fax Number	Beeper/Cellular
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Contact Person: _____

6. Years in Business _____ Type of Business _____

Will you be installing or arranging for the installation of Meters? () Yes () No

7. State of Florida Fictitious Name Registration Number (If Applicable)

8. Miami-Dade County Occupational License Number: _____

9. Federal Tax Identification Number: _____

10. Ownership Type (Check One):

Sole Proprietor ()

Partnership ()

Corporation ()

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11. Principals – Enter the name and address of the individual owner or all partners or all corporate officers, directors and registered agent. (Attach additional sheet, if necessary)

Name	Title	Social Security Number
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Residence Address:

	City	State	Zip Code
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Name	Title	Social Security Number
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Residence Address:

	City	State	Zip Code
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Name	Title	Social Security Number
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Residence Address:

	City	State	Zip Code
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Registered Agent's Name (If Applicable)	Telephone	Social Security Number
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Address	City	State	Zip Code
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12. Date of Incorporation or Partnership formation or Birth Date of Individual: _____

13. Checklist (Check appropriate answer)

Have you attached the following to your application?

- | | | |
|-----------------------------------------------------------------------|------------------------------|-----------------------------|
| A) Copy of current Occupational License? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B) Copy of Certificate of Competency as Registered/Certified Plumber? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C) Proof of Worker's Compensation Insurance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| D) Proof of Comprehensive General Liability (Minimum \$300,000.00)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| E) Specifications of Sub-meters and Testing Equipment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| F) Check made payable to Miami-Dade Board of County Commissioners? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| G) List of properties you provide service for in Miami-Dade County? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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The following questions are optional and will be used for statistical purposes ONLY.

14. Race – (Check appropriate answer)

☐ While (Non-Hispanic)

☐ Black

☐ Hispanic

☐ Other (Describe) _____

15. National Origin – (Check appropriate answer)

☐ U.S.A

☐ Cuban

☐ Colombian

☐ Haitian

☐ Nicaraguan

☐ Puerto Rican

☐ Other (Describe) _____

16. Primary Language Spoken – (Check appropriate answer)

☐ English

☐ Spanish

☐ Creole

☐ French

☐ Other (Describe) _____

17. Gender

☐ Male

☐ Female

18. Signature (s) (If individual ownership, owner must sign; if partnership, all general partners must sign; if corporation, a corporate officer must sign.)

I/We, _____, the undersigned _____,
(print name) (print title)

of the business known as _____, under penalties of perjury, I/We declare that I/We have read the foregoing application and that the facts stated in it are true. I/We declare that I/We will abide by the provisions of the aforementioned article and the laws of the State of Florida.

Signature

Date

Signature

Date

It is your obligation to notify the Consumer Services Department of any material change pertaining to the information in this application.

If your application is incomplete, it will be denied a filing date and returned to you unprocessed.

Make checks payable to the "Miami-Dade Board of County Commissioners"

Registration fee is \$250.00

Mail completed application and fee to: Miami-Dade County Consumer Services Department
Consumer Protection Division
140 West Flagler Street, Suite 902

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